Police Use Only	Commonwealth of Massachusetts RMV Document N										
Date of Crash Time of Crash 02/15/2025 1330 Aub		rn William Venicie Ci as			nber Nun icles Inju	mod -	eed Limit		State Police Local Police MBTA Police	9	
02/15/2025 1330 Auburn		Police Report		2	0				Campus Police		
AT INTERSECTION:		< LOCA	TION >		NO	ΓΑΤΙ	NTER	SEC	ΓΙΟΝ:	┵	
				4	DE		EDMO1	NT TAT	7 V	2	
Route# Direction Name of Roadway/		reet Route# Direction			Address # BROTHERTON WAY Name of Roadway/Street						
	At		Feet N	s Mw	of			or			
Route# Direction N	Name of Intersecting Roadwa	ay/Street		- V () 0	Mi	le Marke	• —	or _	Exit Number	4	
Also at Intersection				S E W of						-	
Route# Direction N	Jame of Intersecting Roadwa	ay/Street	Feet N	S E W o	of			_	AST LOT		
							La	ındmark		4	
Please Select One of the Following:	#Occupants Hit/R	Run Moped	Crash Repor	rt ID# 2	5-6	8-2	AC				
License # St_	DOB/Age	Reg#	2MBP14		Reg	у Туре Р	C	Re	eg State MA	1	
Sex Lic. Class 19 19 Lic.	Restrictions 20 CD	DL Veh Y	Year 2021	_ Veh Make	e TOYO	TA		Veh	Config. 21	1	
Operator Driverless M.	V.		er BAKO, L O	UIS '	T JR					.	
Address	First		ess 9 TALLAV	VANDA		rst		Mic	ddle	.	
CitySta	te Zip	City_	WORCESTER			_ State]	MA 7	Zip 01	603-1542	.	
Insurance Company GOVERNMEN	T EMPLOYEES	INSU Vehic	ele Action Prior to Crasl	1 1	.1 22	Dama	nged Area	Code:	3 27 27 27		
Vehicle Travel Direction: N S E W	Responding to Emerger	ency? Even	t Sequence 23	23 2	23 23		Status:		28		
Citation # (If Issued)		Most	Harmful Event	24		• •	of Test: Test Resu	16.	30		
Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	2:	5 25		Alcohol:	24		2	
Viol. 3: Ch/Sec/Sub	_ Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	26	26	Towe	d from sce	ene?	2 33	\vdash	
*	erator and all occupants invol			Seat S	35 36 Safety Airbag	37 Eject T	38 39 irap Injury	40 Transp.		7	
Name (Last First Middle) Operator		Address ee Above	DOB/Age Se	1 0	System Status	Code C	ode Status	Code	Medical Facility	\dashv	
										-	
										4	
										_	
Please Select One of the Following:	#Occupants Hit/R	Run Moped	☐ Vulnerable U	J ser Comp	plete the Vu	lnerable U	Jser section	on.			
License # SA3291679 St 1	MA DOB/Age 03/07	7/2007 Reg #	5ZEG89		Res	Type P	AN	Re	eg State MA	1	
Sex F Lic. Class D Lic.	Restrictions 99 ²⁰ CD	DL Veh Y	Year 2013	_ Veh Make	e NISS	AN		Veh	Config. 21		
Operator BOGAR, BRIEA		dorsement Own	er <u>BOGAR, </u>	RIEA	ANNM	ARII	€				
Address 7 SIBLEY CIR	First	Middle	ess 7 SIBLES		Fi	rst		Mic	ddle		
City OXFORD Sta	te MA Zip 01540	-1773 City	OXFORD			_ State]	MA 2	zip 01	540-1773	. [
Insurance Company GOVERNMEN	T INS CO	Vehic	ele Action Prior to Crasl	n 9	7 22	Dama	nged Area	Code:	2 27 27 27	H	
Vehicle Travel Direction: N E W	Responding to Emerger	ency? 2 Even	t Sequence 23	23 2	23 23		Status:		1 28		
Citation # (If Issued)	_	Most	Harmful Event 2	24		• •	of Test: Test Resu	H	0 29 30		
Viol. 1: Ch/Sec/Sub	_ Viol. 2: Ch/Sec/Sub	Drive	er Contributing Code	97 ²	5 25	1	Alcohol:		1		
Viol. 3: Ch/Sec/Sub	_Viol. 4: Ch/Sec/Sub	Drive	er Distracted by	9 26	26		d from sce		2 33		
*	erator and all occupants invol			Seat S	35 36 Safety Airbag	Eject T	38 39 Irap Injury	40 Transp.		7	
Name (Last First Middle) Operator/Occupants		Address ee Above	DOB/Age Se		System Status 99 4	Code C	ode Status	Code 1	Medical Facility NONE	\dashv	
operator/occupants	36			1	- -	-		-		\dashv	
				+++						_	

